



National Provider Identifier Registration Form

This form is being used to register your National Provider Identifier (NPI) with the California Department of Health Care Services Provider Enrollment Division (PED), Medi-Cal Dental Program (Denti-Cal), and Child Health and Disability Prevention Program (CHDP). All areas with an asterisk (*) are required. If you have any questions or need assistance with this form, please call the applicable NPI Helpdesk:

Medi-Cal -- 1-800-541-5555

Denti-Cal -- 1-800-423-0507

NOTE: A separate NPI registration form is required for each existing Provider number.

*Medi-Cal, Denti-Cal, or CHDP Provider Number	*Provider Name	*NPI (attach a copy of the CMS/NPPES NPI confirmation letter to this form)
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***PLEASE PROVIDE one of the following for Medi-Cal, Denti-Cal or CHDP:**

Provider Identification Number (PIN)	OR	Last 4 digits of Taxpayer Identification Number (TIN)	OR	Last 4 digits of Social Security Number (SSN)
PIN	Or	TIN	Or	SSN

Privacy Statement (Civil Code Section 1798 et seq.)

The information requested on this form is required by the Department of Health Care Services for purposes of identification and document processing. Furnishing the information requested on this form is mandatory. Failure to provide the information may result in your request being delayed or not be processed.

PROVIDER TAXONOMY CODE INFORMATION – Please enter each Taxonomy Code you provided in the original application to CMS/NPPES to obtain this NPI. Enter any additional Taxonomy Codes on the reverse side of this form.

Primary Taxonomy Code	Taxonomy Code	Taxonomy Code
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NON-PHYSICIAN MEDICAL PRACTITIONER (NMP) NPI INFORMATION – Please enter the License Number and corresponding NPI for each NMP you provided in the original application to CMS/NPPES, if applicable. Enter any additional NMP License Numbers and NPI on the reverse side of this form.

NMP License Number	NMP NPI	NMP License Number	NMP NPI
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Some Medi-Cal, Denti-Cal and CHDP provider agreements will need to be updated with this NPI information. Registration of the NPI will automatically update all agreements you may currently have on file. A complete list of these forms is on the reverse side of this form.

CONTACT INFORMATION FOR FOLLOW-UP – Please Print

*First Name	*Last Name
*Contact Phone Number ()	*Mailing Address for confirmation of processed NPI (Street, City, State, Zip)

I declare under penalty of perjury under the laws of the State of California that the foregoing information in this document and in the attachments are true, accurate, and complete to the best of my knowledge and belief. I declare that I have the authority to legally bind the provider.

*Print Name and Title of Authorized Representative or Provider

* Authorized Representative or Provider Signature	*Date
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Return completed form to:

☐ **Medi-Cal/CHDP**

California Department of Health Care Services
PRO - NPI Help Desk
Medi-Cal Fiscal Intermediary
PO Box 13811
Sacramento, CA 95853-9946

☐ **Denti-Cal**

California Department of Health Care Services
Medi-Cal Dental Program
Provider Enrollment
PO Box 15609
Sacramento, CA 95852-0609

Agreement Update Information on reverse side.

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AGREEMENT UPDATE INFORMATION

The following is a list of agreements that you may have submitted and are on file that will need to be updated with your NPI:

- Billing Intermediary Registration Form (Denti-Cal Form)
- California Children's Services (CCS) Program Individual Provider Application for Paneling Physicians and Podiatrists (DHCS 4514)
- California Children's Services (CCS) Program Individual Provider Application for Paneling Allied Health Care Professionals (DHCS 4515)
- CHDP Telecommunications Provider and Biller Application/Agreement (DHCS 4431)
- Direct Deposit Enrollment Form (Denti-Cal Form)
- EFT Enrollment Authorization
- Electronic Health Care Claim Payment/Advice Receiver Agreement (ANSI ASC X12N 835-Transaction)
- Medi-Cal Dental Telecommunications Providers and Biller Application/Agreement (Denti-Cal Form)
- Medi-Cal Eligibility Verification Enrollment Form
- Medi-Cal Telecommunications Provider and Biller Application/Agreement (DHCS 6153)
- Medi-Cal Point of Service (POS) Network/Internet Agreement
- Medi-Cal Hardcopy Biller Application Agreement
- OPT OUT Enrollment Form
- OPT OUT Cancellation Form
- OPT OUT Change of Email Address Form
- Pay to Address Change Notification
- Point of Service (POS) Device Usage Agreement
- Provider: Medi-Cal Hardcopy Biller Notification Form
- Qualified Provider Application for Presumptive Eligibility Participation and Presumptive Eligibility Qualified Provider Responsibilities and Agreement (MC 311)

ADDITIONAL PROVIDER TAXONOMY CODE INFORMATION (Please attach a separate sheet for additional Taxonomy Codes.)

Taxonomy Code	Taxonomy Code	Taxonomy Code
Taxonomy Code	Taxonomy Code	Taxonomy Code
Taxonomy Code	Taxonomy Code	Taxonomy Code
Taxonomy Code	Taxonomy Code	Taxonomy Code

ADDITIONAL NON-PHYSICIAN MEDICAL PRACTITIONER (NMP) NPI INFORMATION (Please attach a separate sheet for additional NMP NPIs.)

NMP License Number	NMP NPI	NMP License Number	NMP NPI
NMP License Number	NMP NPI	NMP License Number	NMP NPI

A separate NPI registration form is required for each existing Provider number.

For Department Use Only	
Input Date	_____
Initials	_____
QM Initials	_____